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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
Form must be Typed
Form must be completed on a per well basis

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # 9408
Name: Trans Pacific Oil Corporation
Address 1: 100 S MAIN ST STE 200
Address 2:
City: WICHITA State: KS Zip: 67202 + 3735
Contact Person: Melissa Kruse
Phone: (316) 262-3596
Lease Name: CAVE
Well Number: 13

API No.: 15-051-22342-00-01
Permit No: E30765.1
Reporting Year: 2025
(January 1 to December 31)

____ - E2 - W2 - SW Sec. 7 Twp. 11 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
1375 feet from ☐ N / ☑ S Line of Section
4324 feet from ☑ E / ☐ W Line of Section
County: Ellis

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: _____ mg/l Specific Gravity: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 750 psi Injection Zone: LKC
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	9734	0	0	0	31
February	8918	0	0	0	28
March	8914	0	0	0	31
April	9552	0	0	0	30
May	9674	0	0	0	31
June	4911	0	0	0	30
July	4827	0	0	0	31
August	4397	0	0	0	31
September	5140	0	0	0	30
October	5043	0	0	0	31
November	4892	0	0	0	30
December	5176	0	0	0	31
TOTAL	81178		0		

Submitted Electronically